

**Proposed SAMHSA GPRA Client Outcome  
Measures for Discretionary Programs**

**Client Intake Version**

**Version 2.7**

**December 14, 1998**



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### Number of Days Used Per 100

**2. During the past 30 days how many day have you used any of the ollo**

**Number of Days, Used Past 30**

**used any of the following:**

- |   |           |
|---|-----------|
| a. Cocaine/Crack.....   | _ _ _ _ _ |
| b. Marijuana/Hashish, Pot.....  | _ _ _ _ _ |
| c. Heroin or other opiates . . . . .  | _ _ _ _ _ |
| d. Non prescription methadone. . . . .  | _ _ _ _ _ |
| e. PCP or other hallucinogens/<br>psychedelics, LSD, Mushrooms, Mescaline.....                  | _ _ _ _ _ |
| f. Methamphetamine or other amphetamines, Uppers.   | _ _ _ _ _ |
| g. Benzodiazepines, barbiturates, other tranquilizers,<br>Downers sedatives, or hypnotics . . . | _ _ _ _ _ |
| h. Inhalants, poppers, rush, whippets . .   | _ _ _ _ _ |
| i. Other Drugs Specify_____   | _ _ _ _ _ |

**3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?**

☐ Yes ☐ No

**4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?**

\_\_\_\_\_# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?

☐ Yes ☐ No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?

☐ Yes ☐ No

7. During the past 30 days, that is since *DATEFILL*, have you smoked tobacco in a pipe, even once?

☐ Yes ☐ No

8. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

9. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

10. How much do people risk harming themselves physically and in other ways when they:

a. Have four or five drinks of an alcoholic beverage nearly every day?

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**b. Have five or more drinks of an alcoholic beverage once or twice a week?**

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**11. How do you feel about adults smoking one or more packs of cigarettes per day?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove

**12. How do you feel about adults trying marijuana or hashish one or twice?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove

**13. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove

**14. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove

**15. In the past 30 days have you injected drugs?**

- ☐ Yes
- ☐ No
- ☐ Unknown

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## **C. FAMILY AND LIVING CONDITIONS**

**1. In the past 30 days, where have you been living most of the time?**

- ☐ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other  
temporary day or evening facility)
- ☐ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ☐ Institution (hospital, nursing home, jail/prison)
- ☐ Housed (Own, or someone else's apartment, room, house halfway house,  
residential treatment)

**2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs**

- ☐ Not at all
- ☐ Somewhat
- ☐ Very
- ☐ Extremely

**3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

**4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

**5. During the past week, to what extent have you been experiencing difficulty in the area of: Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty

- ☐ Extreme Difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**6. During the past week, to what extent have you been experiencing difficulty in the area of:  
Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other  
chores)**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**7. During the past week, to what extent have you been experiencing difficulty in the area of:  
Work (e.g., completing tasks, performance level, finding or keeping a job)**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**8. During the past week, to what extent have you been experiencing difficulty in the area of:  
School (e.g., academic performance, completing assignments, attendance)**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**9. During the past week, to what extent have you been experiencing difficulty in the area of:  
Leisure time or recreational activities**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**10. During the past week, to what extent have you been experiencing difficulty in the area of:  
Developing independence or autonomy**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme Difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**11. During the past week, to what extent have you been experiencing difficulty in the area of:  
Apathy or lack of interest in things**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused



**12. During the past week, to what extent have you been experiencing difficulty in the area of:  
Confusion, concentration or memory**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

**13. During the past week, to what extent have you been experiencing difficulty in the area of:  
Feeling satisfaction with your life**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not Applicable
- ☐ Refused

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## D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ☐ Not enrolled
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other (specify)\_\_\_\_\_

2. What is the highest level of education you have finished, whether or not you received a degree?  
[01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|\_|\_|\_| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- ☐ Yes ☐ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ☐ Employed full time (35+ hours per week, or would have been )
- ☐ Employed part time
- ☐ Unemployed, looking for work
- ☐ Unemployed, disabled
- ☐ Unemployed, Volunteer work
- ☐ Unemployed, Retired
- ☐ Other Specify\_\_\_\_\_

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

a. Wages

INCOME

\$ 

--	--	--

 , 

		.0
		0

b. Public assistance	\$	<div></div>	<div></div>	<div></div>	,	<div></div>	<div></div>	<div></div>	.00
c. Retirement	\$	<div></div>	<div></div>	<div></div>	,	<div></div>	<div></div>	<div></div>	.00
d. Disability	\$	<div></div>	<div></div>	<div></div>	,	<div></div>	<div></div>	<div></div>	.00
e. Non-legal income	\$	<div></div>	<div></div>	<div></div>	,	<div></div>	<div></div>	<div></div>	.00
f. Other _____ (Specify)	\$	<div></div>	<div></div>	<div></div>	,	<div></div>	<div></div>	<div></div>	.00

## E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?  times
2. In the past 30 days, how many times have you been arrested for drug-related offenses?  times
3. In the past 30 days, how many nights have you spent in jail/prison?  days

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## F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?
- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

2. During the past 30 days, did you receive

**a. Inpatient Treatment for:**

- |                                      | Yes                   | No                    | If yes, altogether<br>for how many nights<br>(DK=98) |
|--------------------------------------|-----------------------|-----------------------|--|
| i. Physical complaint                | <input type="radio"/> | <input type="radio"/> | _____  |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____  |
| iii. Alcohol or substance abuse      | <input type="radio"/> | <input type="radio"/> | _____  |

**b. Outpatient Treatment for:**

- |                                      | Yes                   | No                    | If yes, altogether<br>how many times<br>(DK=98) |
|--------------------------------------|-----------------------|-----------------------|---|
| i. Physical complaint                | <input type="radio"/> | <input type="radio"/> | _____   |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____   |
| iii. Alcohol or substance abuse      | <input type="radio"/> | <input type="radio"/> | _____   |

**c. Emergency Room Treatment for:**

- |                                      | Yes                   | No                    | If yes, altogether<br>for how many times<br>(DK=98) |
|--------------------------------------|-----------------------|-----------------------|---|
| i. Physical complaint                | <input type="radio"/> | <input type="radio"/> | _____   |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____   |
| iii. Alcohol or substance abuse      | <input type="radio"/> | <input type="radio"/> | _____   |

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## **G. YOUTH SECTION**

**1. On how many occasions (if any) have you had alcohol to drink-more than just a few sips...**

- ☐ Never
- ☐ 1-2
- ☐ 3-5
- ☐ 6-9
- ☐ 10-19
- ☐ 20-39
- ☐ 40 or more

**2. How wrong do you think it is for someone your age to use tobacco:**

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

**3. How wrong do you think it is for someone your age to use marijuana/hashish:**

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

**4.How wrong do you think it is for someone your age to use alcohol:**

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

**5. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?**

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**6. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month or more?**

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**7. How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?**

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**8. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage nearly everyday?**

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**9. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage once or twice a week?**

- ☐ no risk
- ☐ slight risk
- ☐ moderate risk
- ☐ great risk

**10. How old were you when you first:**

**A. smoked a cigarette, even just a puff?**

- ☐ Never Smoked
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15

- ☐ 16
- ☐ 17 or older

**B. had more than a sip or two of beer, wine, or hard liquor?**

- ☐ Never drank
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

**C. smoked marijuana?**

- ☐ Never Smoked
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

**D. used any other illegal drug?**

- ☐ Never Smoked
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

**11. Will you smoke cigarettes when you get older?**

- ☐ Yes
- ☐ No

**12. Will you get drunk when you get older?**

☐ Yes      ☐ No

**13. Will you smoke marijuana when you get older?**

☐ Yes      ☐ No

**14. Will you try other illegal drugs when you get older?**

☐ Yes      ☐ No

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## **H. DEMOGRAPHICS**

**1. Gender**

- ☐ Male  
☐ Female  
☐ Both (please specify) \_\_\_\_\_

**2. Are you Hispanic or Latino?**

- ☐ Yes  
☐ No

**3. What is your race?**

- ☐ Black or African American    ☐ Alaska Native  
☐ Asian    ☐ White  
☐ American Indian    ☐ Other (Specify) \_\_\_\_\_  
☐ Native Hawaiian or other  
Pacific Islander

**4. What is your date of birth**

|\_|\_|\_|\_| / |\_|\_|\_|\_| / |\_|\_|\_|\_|  
Month / Day / Year

**5. Are you a parent?**

- ☐ Yes  
☐ No



**5a. Are any of your children under the age of 18 currently living with you?**

- ☐ Yes
- ☐ No